

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2010 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A – 1019)

Covering the calendar year January 1, 2010 through December 31, 2010

Please file this statement with the <u>Clerk of the House</u> or <u>Secretary of the Senate</u> by **5:00 p.m. on February 18, 2011.**Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

FEB 03 2011

Name			Office:		
UALLE C. PAREY			House	☐ Senate	
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PART 1. INCOM	ME DERIV	ED FROM EMPLOYMENT BY AN	OTHER		
List the name and address of each employer from economic activity of each employer.	om whom y	ou received compensation of \$1,000	or more. Specify	the principal type of	
☐ None		300-000 delikretirani delara bersahan dari manususususususususususususususususususus			
Name of Employer		Address		of Economic Activity Employer	
WAVE F. PARRY, INC	851	AFRES ES	1045136	, LORDEN BAST	
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	***************************************		error of transport		
	10 years and the		00A000000		
PART 2. INCOME DEI	RIVED FR	OM SELF-EMPLOYMENT OR LA	W PRACTICE		
A List the name and address of your business of	s low firm it	f any and list the major areas of acon			
A. List the name and address of your business o derived income. If associated with a partnership,	firm, profes	i arry, and list the major areas of econ sional association, or similar business	omic activity or pra	or areas of economic	
activity or practice of that entity.	,,	, , , , , , , , , , , , , , , , , , , ,	,	o. 0.000 o. 000mm	
None				Allilla de decembra de acumenta de germanos de especiales consciencios de consciencios de Audum de decembra de acumenta de acu	
			Major Arono	# E	
Name and Address of Business Entity or Law Firm		Major Areas of Economic Activity/ Law Practice (self)	Lav (partnership, as:	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)	
Name:				4	
Address:		Para serial seri	e commence de la comm		
Name:					
Address:		The state of the s	***		
		The state of the s	1100/2014		

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOYMENT	
B. List each source of income derived from self-employment or la \$1,000, whichever is greater, and specify the principal type of ecoincome. If this form of disclosure is prohibited by law, rule, or an esconomic activity of the entity or person from whom the income was a	stablished code of professional ethics, specify only the principal type of	ch
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who i the Source of the Income	is
Name:		
Address:		
Name:		****
Address:		
PART 3. OTHER SO	DURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1 or 2 box.	2 of this form. Do not include gifts or honoraria. If none, check the	
☐ None		savonaci
Name and Address of Source	Kind of Income (investments, leases, etc.)	
Name:	00.000	
Address:		
Name:		*********
Address:	ALGORIAN AND AND AND AND AND AND AND AND AND A	
Name:	,	
Address:		
PART 4. REPORT	TABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or mareas of economic activity of each creditor. Do not list credit card liab regulated financial institutions. If none, check the box.	nore that you received during the reporting period, and list the majorilities, educational loans, loans from a relative, or business loans from	or m
None		teambatem
Name and Address of Creditor	Principal Type of Economic Activity of Creditor	
Name:	THE PROPERTY OF THE PROPERTY O	
Address:	TO THE PERSON PARTITIONS OF THE PERSON PARTITI	
Name:		, weeken to be the second
Address:	166 de en este el diction	
PART 5. REPO	ORTABLE GIFTS	
List the specific source of gifts received during the reporting period with	th an aggregate value of more than \$300. If none, check the box.	
☐ None		
Name of Source of Gift 1.	Name of Source of Gift 3.	
2.	4.	
	To the state of th	

PART 6. RE	PORTA	ABLE HONORARIA	
List the source of any honoraria accepted for appearances or	speeche	s. If none, check the box.	mar en dans da de la composito de la federa de la composito della composito de
None			
Name of Source of Honoraria		Name of S	Source of Honoraria
1.		3.	
2.	er Fridelitaniditesa.	4.	
		BEFORE STATE AGENCI	
List each executive branch agency before which you represe box.	ented or a	assisted others for compensat	ion of any amount. If none, check the
None	ina da a filo mendo kal didendo de desimbo con actividado de la composição de la composição de la composição d La composição de la compo		
Name of Agency		Nar	ne of Agency
1.		3.	
2.	IIII Adabay), qhedhiq qoʻqq	4.	
		TH STATE AGENCIES	
List each executive branch agency to which you or a member \$1,000 during the reporting period. Indicate whether you or a	er of you family m	r immediate family sold goods ember sold the goods or servi	s or services with a value in excess of ces. If none, check the box.
☐ None	***************************************		\$
Name of Agency		Nar	ne of Agency
1.	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	3.	
2.	Profesional control control	4.	
PART 9. INCOME RECEIVE	D BY M	EMBERS OF IMMEDIATE	FAMILY
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind of \$1,000 or more, list his or her name and job title. List only not include gifts.	of incon	ne represented. If your spous	e or domestic partner received income
Name of Spouse or Domestic Partner and Job Title		Type of Economic Activity presenting Source of Income Received	Kind of Income
Name: NAME PROPERTY		Encor Device	1. EMPOYMENT
Job Title: MACHOS OF STATE OF	3.		3.
Dependent Child(ren) - Job Titles Only			
Job Title:			
Job Title:			
Job Title:	Ì.		

List any for-profit or nonprofit corporation held any office, trusteeship, directorship, tion was compensated. If a family memb	or position of any nat	ure. Indicate whether	you or a family held	the position and wi	ediate family hether the posi-
None	PREMER PROCESSOR (SEAR CONSISSION CONTINUES ACCUMENTAL	PPA-09/00/99/99/99/99 PPE-09/00/99/99/99/99/99/99/99/99/99/99/99/9		ahrimetek kita kiliki dan da sabiki inak samunidi da Kita di Kendi Kendi Kimbaka da manda manda an ma	
Organization/Busines and Address		Title	Position Held By:	Family Member's Name	Compen- sated?
ARMORE BUSINESS ASSOC	s.	President	564		NO
		A CARLO MARIA MARI	And Andrew or principle Gibbs and Gibbs		Annual An
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	ADDITIC	NAL INFORMATIO	N STATES		
Please provide any additional information you are providing. Us	ation below (and on se additional pages	additional sheets if if necessary.	needed). Indicate	e the part or secti	on number for
Part/Section		la Grandski – 25 enis 25 dele	grandrik S.		
Number					
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of the control of the				·	

PART 10. OFFICER OR DIRECTOR POSITIONS